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Progress on the implementation of the World Declaration and Plan of Action from the World Summit for Children

Report of the Secretary-General

Summary

The present report was prepared in response to resolution 51/186 of 16 December 1996, in which the General Assembly decided to convene a special session in 2001 to review the achievement of the goals and targets agreed upon at the World Summit for Children for the year 2000 and requested the Secretary-General to report at its fifty-third session on the preparations for the special session and on progress on the implementation of the resolution.

The report provides an update on progress towards the end-decade goals, within the context provided by the Convention on the Rights of the Child. Based on experiences acquired and on the global context for children, it highlights the major challenges that remain in order to keep the Summit's promises for children.

While there has been important progress since mid-decade in meeting many of the targets agreed upon in 1990, much remains to be done if all of the goals for children are to be accomplished at the global level by the year 2000. It calls on Governments to renew the commitments they made in 1990, which, it has been shown, can be met if there is strong political commitment, widespread participation of stakeholders and the provision of adequate resources and international support.

The report relates the follow-up to the World Summit for Children to the coordinated follow-up by the United Nations system to the major summits and conferences of the 1990s and provides information on the preparation process for the global review of progress that will take place at the close of the decade.

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I. Introduction

1. The 1990 World Summit for Children was a pioneering gathering of world leaders around the cause of children. It adopted the World Declaration on the Survival, Protection and Development of Children and the Plan of Action for Implementing the World Declaration on the Survival, Protection and Development of Children in the 1990s, which set forth a vision of "first call" for children by establishing 7 major and 20 supporting goals that were quantifiable and were considered achievable by the year 2000. The General Assembly, in resolution 45/217 of 21 December 1990, welcomed the adoption of the World Declaration and the Plan of Action and urged all States and the international community to work for the achievements of the goals and objectives endorsed therein. The Declaration and the Plan of Action were endorsed by 181 countries and 155 of them prepared national programmes of action for children. In order to sustain the momentum of progress on behalf of children, a round-table meeting was held in New York in 1993, which set intermediate goals to be achieved by 1995. The Executive Board of the United Nations Children's Fund (UNICEF) endorsed these goals in its resolution 1993/16 (see resolution 1993/16, section II, para. 5).

2. Following a mid-decade review, the Secretary-General reported to the General Assembly at its fifty-first session (A/51/256) on progress made towards the mid-decade and end-decade goals. Major progress was reported in reducing measles deaths, increased coverage of oral rehydration therapy (ORT), eradication of dracunculiasis (guinea worm disease) and the universal ratification of the Convention on the Rights of the Child. Considerable improvement was made in the coverage of immunization, the reduction of polio cases, the promotion of breastfeeding and the iodization of salt. Several countries were advancing towards adequate vitamin A intake, the elimination of neonatal tetanus and towards the end-decade goals for water. .

3. While considerable progress had been made in reducing child mortality, only one third of developing countries were on track to achieve the World Summit goal. Progress on primary education had barely kept pace with the increase in population and much remained to be done to reduce child malnutrition, maternal mortality and adult illiteracy and to increase access to adequate sanitation.

4. In resolution 51/186, adopted on 16 December 1996, the General Assembly welcomed the significant progress made by most countries in achieving the majority of the mid-decade goals and objectives of the World Summit for Children. The Assembly noted with concern the considerable variation in the progress made across countries and regions and the varying rates of progress in relation to the goals, and expressed particular concern that progress in malnutrition, maternal mortality, sanitation and girls' education had been inadequate, and in some cases negligible. The Assembly decided to convene a special session in 2001 to review the achievement of the goals of the World Summit and to consider the arrangements for the special session at its fifty-third session. The Secretary-General was requested to report to the Assembly at that session on preparations for the special session.

5. The present report has been prepared in response to resolution 51/186. It takes stock of some of the progress made for children during the 1990s, especially since mid-decade, and highlights the major challenges that Governments must still meet, with the support of the United Nations system and other partners, if the promises for children made in 1990 are to be honoured.

II. The global context for children

6. The 1990s have been remarkable in many respects, with numerous developments that favour the cause of women and children. The decade has seen widespread promotion of the principles of democratic governance and respect for human rights. Children are higher on public and political agendas than ever before. A consensus has been building around the centrality of human development, the need for investing in children and the participation of children, parents, families and communities in the development process. Organized civil society is assuming a more central role in the social and political life of nations and on the international stage.

7. The average economic growth in developing countries over the decade has been twice as high as in the 1980s and this improved economic performance has brought about a recovery in public spending on social services in many countries. Economic liberalization, rapid growth in international trade, global communication networks and information technology have the potential for furthering children's rights and their well-being.

8. However, several countries are witnessing the paradoxical combination of renewed economic growth on the one hand and widening disparities and deepening poverty on the other, which seem to indicate the emergence of an increasingly two-tiered global economy. UNICEF estimates that about 40 per cent of all children in developing countries live in conditions of extreme poverty, below the international

poverty line of $1 per person per day. According to the World Bank, the current financial and economic crises in East Asia are likely to push at least 20 million people back into poverty. Public expenditures on social services, even though they have recovered from their decline in the 1980s, are not reaching the poorest of the poor in many countries. While military spending has declined in several countries, debt service payments are increasing and special initiatives have not had an adequate impact on the debt burden of the least developed and low-income countries. Gender gaps in access to basic services and legal status have persisted, while violence against girls and women has increased. Some 8 million children are already orphaned as a result of HIV/AIDS, with nearly 40 million more expected to be by the year 2010.

9. The cause of children is also not helped by the decline in official development assistance (ODA), which, as a proportion of donors' combined gross national product (GNP), has been declining for nearly two decades. Official development assistance now stands at less than one third of the target of 0.7 per cent of GNP. Since 1992, the absolute amount of ODA has declined continuously. Interest payments on the external debt of developing countries now exceed total official development assistance. The proportion of ODA allocated to the least developed countries has remained stagnant and international assistance to basic education and primary health care, two key areas directly related to the goals of the World Summit for Children, remain low. Net private capital flows are no substitute for ODA, since they seldom gravitate to the neediest countries or benefit the poorest segments within countries.

10. Since 1990, the number of children affected by emergencies has risen seven-fold and their access to basic social services has become more difficult to obtain. The devastating impact of these emergencies has been seen in the large numbers of orphaned, displaced and refugee children and in the increasing numbers of households headed by women or children. Experience indicates that these children and women are much more vulnerable to exploitation and abuse.

11. Despite these daunting challenges, the movement for children's and women's rights has continued to gain strength. The Convention on the Rights of the Child, whose entry into force coincided with the World Summit for Children in September 1990, has been ratified by all but two countries, making it the most widely accepted human rights treaty in history. The Convention recognizes the economic, social, cultural, political and civil rights of all children and provides a visionary framework for States parties to develop national agendas for children. Achieving the goals of the World Summit for Children is a concrete step towards the sustained realization of children's rights. At the same time, the Convention on the Elimination of All Forms of Discrimination against Women, ratified by 161 countries, and the Fourth World Conference on Women in Beijing have made more explicit the link between children's and women's rights. This link has been reflected in increasing awareness of gender issues in programmes for girls; mainstreaming of gender concerns into all development programmes; and recognition of the need for data disaggregated by gender for assessing and reporting on the situation of children and women and on the achievement of the Summit goals.

III. Global progress for children

12. More progress has been made for the world's children in the past decade than in any comparable period in human history. Despite the many challenges facing children, child mortality rates have continued to decline in recent years and, since 1995, there has been steady progress towards several health-related mid-decade goals, achievements which demonstrate that concerted efforts by Governments, with international support, can have concrete results for children. The most notable achievements include the following:

(a) About 7 million young lives are now saved each year as a result of the combined impact of immunization and ORT use;

(b) Measles deaths have been eliminated in the Latin American and Caribbean region, reduced by 96 per cent in the Middle East and North Africa, followed by 95 per cent in East Asia and the Pacific, 94 per cent in the industrialized countries, 87 per cent in South Asia and 65 per cent in sub-Saharan Africa;

(c) The reported incidence of polio declined from 23,000 to 4,000 cases between 1990 and 1997. Polio has been certified as having been eliminated across the Americas, 83 other countries have reported zero polio incidence during the last three years and the global goal of eradication by 2000 is achievable, although certification may only be feasible after that date;

(d) Immunization now protects an estimated 700,000 infants per year from neonatal tetanus and 120 countries have virtually eliminated the disease (i.e., reduced the national rate to less than 1 per 1,000 live births). Neonatal tetanus continues to be a major health problem only where births are not attended by trained midwives;

(e) One million fewer children died of diarrhoeal dehydration in 1997 compared to 1990, largely due to the

widespread use of ORT. The mid-decade goal of ORT use for 80 per cent of diarrhoeal episodes has been achieved. The production of oral rehydration salts has increased from 51 million sachets in 1980 to 800 million in 1995, with two thirds of the world's supply now being produced in developing countries;

(f) An estimated 1.5 billion more people now consume iodized salt than in 1990;

(g) Programmes to control acute respiratory infections (ARI) providing correct case management and training of caregivers at household and community levels are being implemented in 59 countries. In over 20 countries, integrated approaches to combat ARI, diarrhoea, malaria, measles and malnutrition are being implemented;

(h) The number of cases of guinea worm in Africa and Asia has been reduced by 97 per cent from the 1990 level.

13. In spite of these remarkable achievements, the latest available data indicate that it will be difficult to meet the targets set for the year 2000 for the major goals at both the regional and global levels. Every year, 12 million children in developing countries die of mainly preventable causes. An estimated 1.4 billion people still lack access to safe water and about twice as many have no access to adequate sanitation. About 130 million children remain out of primary school, about 60 per cent of them girls. Nearly 160 million children under five years of age are moderately or severely malnourished. Approximately 585,000 women die each year from causes related to pregnancy and another 50 million women are estimated to be living with permanent injuries or chronic disabilities following complications from pregnancy or delivery. About 850 million adults remain illiterate, two thirds of them women. Some 250 million children between the ages of 5 and 14 years are involved in child labour.

14. Without a significant acceleration in the current rate of progress, only East Asia and the Pacific, Central and Eastern Europe, the Commonwealth of Independent States (CIS), the Baltic States and the industrialized countries appear to be on track to achieve the basic education target. Only the industrialized countries are set to reach the targeted reduction in under-five mortality rate (U5MR), and no region is likely to meet the targets for child malnutrition, safe water, sanitation and adult literacy. Moreover, the HIV/AIDS pandemic is undermining many of the gains made in recent years, particularly in sub-Saharan Africa and parts of Asia. Some other major causes of child mortality, notably malaria, have shown signs of resurgence. The World Health Organization (WHO) estimates that there are between 1.5 million and 2.7 million deaths from malaria every year, mainly of young children, 90 per cent of which occur in sub-Saharan Africa.

15. This situation can be changed significantly through national efforts, supported by the commitment and mobilization of the international community. However, time is short if this is to be achieved before the end of the decade.

IV. Monitoring and evaluation of progress to date

16. The process of assessing the mid-decade goals demonstrated how critical and timely data can be obtained for reviewing progress. Governments in 60 countries carried out multiple indicator cluster surveys, a rapid and cost-efficient method for monitoring the Summit goals developed by UNICEF in collaboration with other United Nations agencies. Additional data were collected through 14 demographic and health surveys and 29 other surveys. In total, over 100 countries were covered, signifying the first major attempt ever made outside of censuses to obtain disaggregated data on social development. A 1997 UNICEF evaluation of multiple indicator cluster surveys concluded that the surveys have improved countries' capacities for data collection, analysis and reporting at both subnational and national levels, thus enhancing their abilities to monitor progress on the situation of children. The evaluation also found that the surveys have promoted intersectoral collaboration and supported policy reform, programme planning and fund-raising on behalf of children.

17. The lessons derived from the mid-decade review of progress since the World Summit for Children can be relevant for the follow-up to other global conferences. They indicate in particular that:

(a) Through global agendas for action, the world conferences have influenced national leaders, policy makers and planners at the highest levels to commit their countries to achieving specific national goals;

(b) The goals have been instrumental in fostering a greater consensus in development thinking, centred around specific social outcomes;

(c) Regular follow-up to the agendas is required to maintain the momentum of the conferences;

(d) The international agendas need to be adapted to each national situation, because, while global goals are important, country-specific targets and target dates need to

be adapted to each country's needs in a realistic but ambitious manner;

(e) Government decision-making needs to be strengthened through the collection and use of relevant, timely and disaggregated data, in order to address country- and area-specific needs and priorities;

(f) Periodic reviews and reports on progress, or lack of progress, at the national and subnational levels need to be undertaken to increase the level of transparency and accountability in improving the situation of children.

18. Another set of lessons comes from research into how 10 relatively low-income countries achieved high levels of social development over the last few decades (*Development with a Human Face*, Clarendon Press, Oxford, 1997, a UNICEF-commissioned publication). None of the high achievers relied solely on market forces or the trickle-down of income to improve the well-being of children. Systematic data collection and analysis of their experiences concluded that the public sector plays a key role in securing access for the poorest to basic social services. In spite of their low incomes, Governments in these countries established a strong educational foundation and made key health interventions to achieve major health outcomes. Their investment in education preceded, or occurred simultaneously with, the breakthroughs in the reduction of infant mortality rates. Girls' education is unquestionably the key to achieving this synergy: it gives a young woman the sense of personal empowerment, self-confidence and capacity to make decisions that affect her own life. Indeed, an educated girl marries later, spaces her pregnancies and child births better, seeks medical attention for her child in case of illness, gives better child care and monitors the child's nutritional status, all of which ensures that the child learns better in school. All of these countries registered a higher level of achievement with respect to the mid-decade goals than other countries.

V. Accelerating progress towards the major end-decade goals

A. Under-five mortality rate

19. The Summit goal is to reduce the under-five mortality rate (U5MR) by one third or to 70 per 1,000 live births, whichever is lower, by the year 2000. Although there have been improvements in recent years in all regions, the rate is insufficient to achieve the target by 2000 in all countries. Based on available data, it is projected that over two thirds of the industrialized countries, about one half of countries in the Middle East and North Africa, one third of countries in East Asia and the Pacific, Latin America and the Caribbean, and Central and Eastern Europe, CIS and the Baltic States, and only a few countries in sub-Saharan Africa and South Asia are likely to achieve the U5MR target by the year 2000 (see table 1 below).

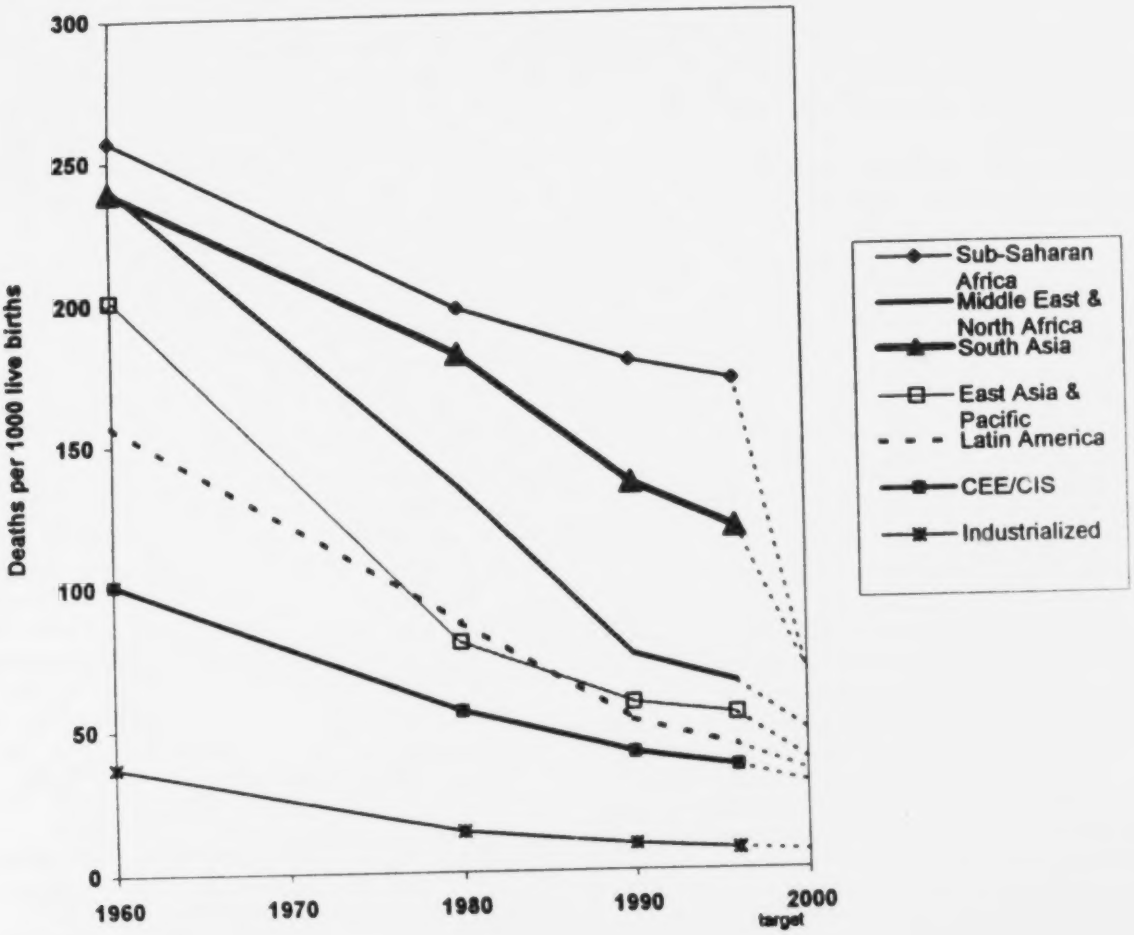
20. To accelerate efforts to reduce U5MR, the current immunization coverage must not only be sustained, but raised to 90 per cent or more at national and subnational levels in all countries. Because U5MR is higher in poor urban and remote rural areas, an integrated approach to the provision of essential services is needed, with particular attention to disadvantaged communities, to attack the five major causes of child deaths: ARI, diarrhoea measles, malaria and malnutrition. This will require a convergence of basic services at family and community levels, based on local needs and including, for example improved access to safe water and sanitary facilities for excreta disposal, vitamin A and other micronutrient supplements in areas noted for their deficiencies and the use of impregnated bednets in areas affected by malaria. Families and communities also need knowledge and skills for basic preventive and curative measures and child-care practices at home. The Integrated Management of Childhood Illness initiative, spearheaded by WHO in collaboration with UNICEF and other partners since 1996, has been introduced in 40 countries. With its area-specific and comprehensive approach, the initiative is expected significantly to improve the management of sick children by health workers and promote preventive child health interventions.

B. Maternal mortality

21. The Summit target is to reduce 1990 levels of maternal mortality by one half by the year 2000. According to UNICEF and WHO, there were approximately 585,000 pregnancy-related deaths in 1990. In the absence of reliable baseline data on maternal mortality in most countries, it is very difficult to establish clear trends, but there is no compelling evidence indicating significant progress at the global level since 1990. The highest maternal mortality rates are in sub-Saharan Africa, South Asia and some countries in East Asia and the Pacific region. A woman's risk of dying from pregnancy-related causes is estimated to be 1 in 50 in the developing world overall and 1 in 10 in Africa, compared with 1 in 9,000 in industrialized countries. Poor maternal health and nutrition and inadequate management of

Table 1

Under-five mortality rate



Source: UNICEF

pregnancy and delivery also contribute to a large proportion of infant deaths during the first month of life.

22. Strategies to reduce maternal mortality include: (a) strengthening health programmes that give all pregnant women access to basic maternity and essential obstetric care services, as attempts to predict life-threatening complications and risks during pregnancy have not been as successful as anticipated; (b) attendance at birth of a trained health professional (a doctor, nurse or midwife); (c) training of traditional birth attendants, supported by mechanisms for referral, supervision, monitoring and evaluation; (d) improving the nutritional status of women before and during pregnancy, including through dosages of vitamin A; (e) extending and improving the quality of pre- and post-natal care; (f) ensuring access to quality services for the poorest segments of the population by reducing or removing financial barriers; (g) involving communities in the management of services at district hospitals and health centres; and (h) increasing access of women in developing countries to education and economic resources, in addition to reducing restrictions on their ability to make decisions on reproductive health, family health and nutrition.

C. Child malnutrition

23. The Summit goal is to reduce severe and moderate malnutrition among children under five years of age by one half between 1990 and 2000. Improved child and maternal nutrition is also expected to have a significant impact on the reduction of child mortality. There has been steady progress towards several goals related to micronutrients. For example, under the global programme for attacking iodine deficiency disorder (IDD), a principal cause of mental retardation in children, some 40 countries now iodize over 75 per cent of salt and are poised to declare elimination of IDD. Another 14 countries iodize more than 50 per cent of salt and are likely to achieve the salt iodization goal by 2000. Monitoring and quality control remain central challenges for all countries. One half of children at high risk of vitamin A deficiency now receive vitamin A supplementation, compared with one third at mid-decade. The linking of vitamin A supplementation to national immunization days since 1995 has improved supplementation coverage dramatically in some countries. The number of hospitals certified as "baby-friendly" has increased from about 5,000 in 1995 to 13,552 in 1998. The importance of supporting breastfeeding from the moment of birth in maternity hospitals has been demonstrated in many countries by such outcomes as reduced diarrhoea-related morbidity and mortality.

24. Data on child malnutrition from the Administrative Committee on Coordination (ACC) Subcommittee on Nutrition show that, while there has been some improvement in reducing child malnutrition globally, the rate of improvement has slowed down in the 1990s compared with the 1980s and is substantially lower than the rate required to achieve the Summit goal at the global level (see table 2 below).

25. Child malnutrition levels remain intransigent in many countries, in particular in sub-Saharan Africa and South Asia. Commitment from all levels of society must be mobilized, but given the critical importance of community involvement, national efforts must focus on creating a supportive environment for community programmes. Experience of existing community-based programmes clearly show their potential in terms of reducing child and maternal malnutrition. UNICEF and WHO have incorporated best practices in the Integrated Management of Childhood Illnesses initiative. Complementary feeding practices are also critical, because most malnutrition originates during the period of complementary feeding, often referred to as the weaning period. More needs to be done to prevent nutritional emergencies and to design safety nets for the most vulnerable children.

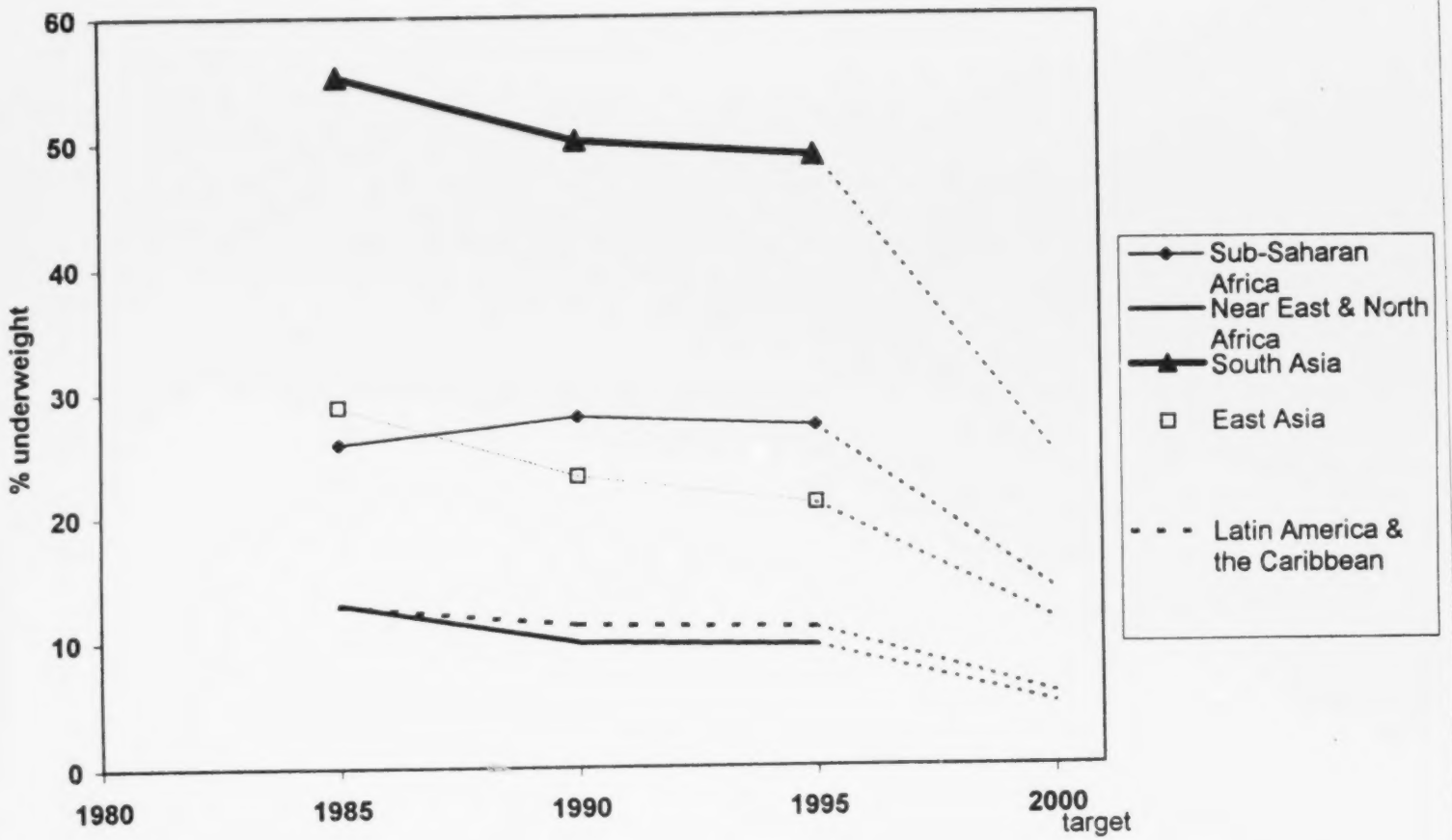
D. Water and sanitation

26. The Summit goal of universal access to safe drinking water and safe environmental sanitation by the year 2000 was endorsed by Agenda 21. Based on the data collected through the Joint Monitoring Programme of UNICEF and WHO in 1994, the Secretary-General, in his report entitled, "Progress made in providing safe water supply and sanitation for all during the first half of the 1990s" (A/50/213), observed that progress fell far short of this goal. Rapid urbanization, increasing population and investment costs and poor maintenance of established systems have made progress slow and sometimes unsustainable. Difficulties in collecting clear and comparable data, varying definitions of access and a lack of clear indicators add to the constraints in analysing situations and predicting trends. According to the most recent data, some 1.4 billion people in developing countries did not have access to safe drinking water in the mid-1990s and 2.7 billion lacked access to adequate sanitation.

27. Universal access to safe water and sanitation would have a significant impact on reducing under-five mortality, as WHO attributes about 3 million child deaths per year to

Table 2

Child malnutrition (below five years of age)



Source:
Administrative Committee on Coordination/Subcommittee on Nutrition.

a lack of hygiene and sanitation. However, access to safe drinking water and sanitary facilities for excreta disposal is effective in reducing child morbidity and mortality only when combined with programmes promoting behavioural change in personal hygiene and environmental sanitation. A synergistic approach to child survival, development and protection at family and community levels is required to address issues of water, environmental sanitation, hygiene, health, nutrition and education. One example is the promotion of hand-washing before food intake or the preparation of food for babies by mothers, which can reduce disease transmission by up to 50 per cent.

28. At its special session on safe drinking water and environmental sanitation in 1997, the General Assembly identified freshwater as one of the most important topics to be taken up by the United Nations system for a renewed initiative. The Commission on Sustainable Development supported the recommendations of the ACC Subcommittee on Water Resources for a comprehensive approach to policy and programming, that is, promotion of sound sectoral policies, improved sectoral coordination, participation of key users and other stakeholders in planning, implementation and monitoring of community projects, adequate financing of programmes from various sources and strengthening of information management. The WHO/UNICEF Joint Monitoring Programme for the Water and Sanitation Sector, a programme that has committed UNICEF, WHO and the Water Supply and Sanitation Collaborative Council to assist countries in developing national capacities for monitoring, is expected to contribute to the process of monitoring and reporting on the goals for water and sanitation between now and 2001.

E. Basic education

29. The Summit goal is to ensure universal access to basic education and completion of primary education by at least 80 per cent of primary school-age children by 2000. Since 1990, the proportion of children in primary school has continued to increase in all regions. According to available data, the Middle East and North Africa, East Asia and the Pacific, Latin America and the Caribbean, Central and Eastern Europe, CIS and the Baltic States and the industrialized countries have achieved, or are close to achieving, the goal of universal access by the year 2000. Many countries in South Asia and sub-Saharan Africa, however, will have great difficulty in achieving the goal. Of the estimated 130 million children who are not in primary school in developing countries, nearly 100 million are in these two regions. The goal for primary school completion has been even more challenging because of high population growth rates and continuing high rates of school drop-outs. Only about 60 per cent of children who enter first grade in South Asia, two thirds in sub-Saharan Africa and three quarters in Latin America and the Caribbean reach grade five. The quality and relevance of primary education continue to be major challenges. In response, much greater attention is being given to learning processes in classrooms and to learning outcomes. Educational systems must be flexible to accommodate different learning needs.

30. The new emphasis on education as a basic human right is changing the programming perspective. Accountability of Governments to ensure basic education for all is recognized and greater emphasis is being placed on partnerships with civil society, including the private sector, non-governmental organizations, religious organizations, parental and community groups. Governments are increasingly recognizing the importance of community-based early childhood care and development. The World Bank and a number of United Nations agencies, including the United Nations Educational, Scientific and Cultural Organization (UNESCO) and UNICEF, now focus their support to Governments more on the key areas of: girls' education; educational content and processes; HIV/AIDS education; education services in emergencies and for reconstruction; intersectoral links between education and health, nutrition and water and sanitation; measurement of learning achievement; and the use of electronic communication technologies for education.

F. Special protection

31. The Declaration of the World Summit for Children highlighted the need to improve "the situation of children in especially difficult circumstances" without quantifying a specific global goal. With the near universal ratification of the Convention on the Rights of the Child and the need for a comprehensive approach to protecting the child from abuse, involvement in hazardous activities and exploitation, special protection of children has received added attention. During the second half of the 1990s, there have been efforts at national and international levels to better understand the complexities of special protection issues, the underlying causes and the steps required to eliminate or eradicate the problems. Several initiatives have been supported, such as efforts to return child labourers to the education system, raise the age of recruitment into armed forces to 18 years, work with children and families with HIV/AIDS or those

disabled by landmines and support Governments in developing child-centred juvenile justice systems. In addition, a recent UNICEF review of 75 countries indicates that in 58 countries special protection measures have been mainstreamed in ongoing programmes for education, health, early childhood care and development, social mobilization and community-based integrated development. This reflects a major shift from efforts in the mid-1980s, which often reflected a fragmented approach to dealing with issues of "children in difficult circumstances".

32. This shift has been supported in the agendas of the International Conference on Child Labour held at Oslo from 27 to 30 October 1997, and the Amsterdam Child Labour Conference, held from 26 to 27 February 1997. The Agenda for Action adopted in Oslo has led to the preparation of country- and region-specific plans of action and greater collaboration between the International Labour Organization (ILO), UNICEF, the World Bank and a number of international non-governmental organizations (NGOs) for strengthening national capacities to monitor and analyse the situation with a view to developing strategies for the eradication of child labour. The 1996 World Congress against Commercial Sexual Exploitation of Children (Stockholm) raised awareness and resulted in a number of initiatives which include: the establishment of a global NGO Support Group for information exchange; and a closer collaboration of the United Nations agencies with the Special Rapporteur on the sale of children, child prostitution and child pornography, as well as with the Committee on the Rights of the Child.

33. Increasing collaboration and coordination within the United Nations system is a feature of this approach. For example, focusing on advocacy, capacity-building and psycho-social interventions to support children victimized by armed conflicts, refugee and displaced children, the Office of the United Nations High Commissioner for Refugees (UNHCR), UNICEF, Save the Children Alliance and other partners have responded to the recommendations of the Graça Machel study (A/51/306 and Add.1) and resolution 51/77 adopted by the General Assembly on 12 December 1996. Their support and technical assistance provided to the Special Representative of the Secretary-General on Children and Armed Conflict is a further example. Guidelines for multisectoral collaboration to provide opportunities to children with disabilities are being developed by an inter-agency group that includes the International Labour Organization (ILO), UNESCO, UNICEF and WHO. The Joint United Nations Programme on HIV/AIDS is addressing the monumental issue of children orphaned by AIDS and focuses on healthy life styles and life skills education for young people.

34. The global concern for children requiring special protection measures is also evident in the drafting process of two optional protocols to the Convention on the Rights of the Child on raising the age of recruitment into armed forces and on the sale of children, child prostitution and child pornography; in the proposed ILO convention to eradicate the most intolerable forms of child labour; in the adoption of the Convention on the Prohibition of the Use, Stockpiling, Production and Transfer of Anti-Personnel Mines and on Their Destruction, signed at Ottawa on 30 September 1997; and in the discussion of the establishment of an International Criminal Court.

35. Information and data on the scope and magnitude of children in need of special protection measures were rarely available in the early 1990s and strategies to address the issues were far from fully developed. The United Nations Children's Fund employed a qualitative approach to review progress towards the global goal, based on a set of proxy indicators, including ratification of the Convention on the Rights of the Child, the inclusion of child protection concerns in national programmes of action and the mobilization of civil society around child rights (E/ICEF/1998/CRP.11). The review indicated that there is an increasing level of acknowledgement and awareness of children who need special protection. Several Governments from both developing and industrialized countries have formulated specific strategies and plans relevant to the situations of these children and national and region-specific goals have been defined. Efforts to further develop child rights indicators and to gather disaggregated data continue to ensure that the most disadvantaged and least visible children feature in planning and policy decisions in the future.

VI. Meeting the challenge of achieving the goals of the World Summit for Children by the end of the decade: priorities for 1998–2000

36. The present report has been forthright in assessing progress and in highlighting the remaining challenges to achieve the end-decade goals, particularly in the least developed countries. While infant and child mortality have continued to decline in recent years in all regions, the pace of progress has been too weak to result in a significant reduction of the 12 million annual deaths, the majority of

which could be easily prevented. Progress towards reducing child malnutrition and maternal mortality and in increasing access to water, sanitation and primary education, particularly for girls, has also been weak. The commitment to children made at the World Summit for Children in 1990 must be renewed and re-energized. All Governments must make all possible efforts to achieve the goals or to come as close as possible to achieving them and to continue the progressive realization of children's rights. In these efforts, the contributions of civil society, the private sector and the international community, including the United Nations system, must be mobilized to the fullest extent possible. Experience shows that when political commitment is strong, resources are made available, communities are mobilized and sound policies and programmes are implemented, there can be notable progress for children, even within a relatively short period of two to three years.

37. The most critical tasks ahead in each country are: (a) to assess the current situation of children and women on a goal-by-goal basis; (b) to organize reviews and policy discussions; (c) to analyse the fundamental factors affecting the situations of children and women preventing further progress; and (d) to devise strategies and allocate adequate resources to deal with these factors, while using available technologies and proven approaches to tackle the immediate causes hindering the realization of children's rights.

38. Governments have a central role to play in this process by ensuring access for all children and families to basic social services through national policies and plans, including the maximum possible budgetary allocations. It would also include the implementation and monitoring of plans and programmes and the provision of safety nets for the most vulnerable groups and families who are being left behind in the competitive world of globalization or who are victims of emergencies. In recognition of the roles that civil society, including families and communities, can and do play in social and economic development, solutions should be informed by a participatory decision-making process and enhanced ownership and sustainability of activities and outcomes for children.

39. The task of achieving the end-decade goals is more complex and multisectoral compared with some of the mid-decade goals. The latter focused mainly on sectoral programming approaches and called for the mobilization of multiple partnerships for implementing and monitoring essentially top-down national programmes. Achieving the end-decade goals requires not only sustainability of service delivery and support systems, but also a greater degree of participation and behavioural change at individual, family and community levels and an improved policy environment, at both the international and national levels.

40. Many factors, most of them country-specific, explain the difficulties in achieving some of the Summit goals, but one reason stands out in virtually all countries: the resources allocated to basic social services are inadequate to achieve universal coverage within the agreed time-frame. Recent estimates suggest that global expenditures on these services will have to increase by about 60 per cent to ensure universal coverage. At the current level of spending, it would be unrealistic to expect that the targets for U5MR, maternal mortality, child malnutrition, water and sanitation and basic education can be achieved in all countries by the year 2000, even when taking into account the opportunities for greater efficiency in the delivery of services. Based on this rationale, the 20/20 Initiative, launched at the 1995 World Summit for Social Development, calls on Governments to allocate, on average, 20 per cent of their national budgets and aid flows to basic social services. In the absence of such budget and aid restructuring, children of poor and vulnerable households will continue to be the first victims of hunger, disease and ignorance, and the cycle of poverty will continue.

41. The Governments of the Netherlands and Norway organized an international meeting on the implementation of the 20/20 Initiative in Oslo in 1996. The meeting acknowledged that better monitoring of budget expenditures and donor contributions to basic services will be required for the implementation of the Initiative and recommended support for building capacities to gather and analyse data on public expenditures for social services. With the support of United Nations agencies, studies in several countries are being conducted to prepare for an agreement on a 20/20 compact. Six United Nations agencies have prepared a booklet on the 20/20 Initiative in preparation for the second international meeting on the implementation of the initiative, to be held in Hanoi, Viet Nam, in October 1998, and co-sponsored by the Governments of the Netherlands, Norway and Viet Nam.

VII. A coordinated response by the United Nations system

42. The 1990s will be remembered for the international conferences and world summits that have developed a broad consensus on global social, economic and environmental issues with the over-arching objective of eradicating poverty. The declarations and action plans emanating from these events constitute a holistic, internationally agreed development agenda for the next century. They call for a key

role of Governments and represent an important basis for the support of the United Nations system through its normative and operational activities at country level.

43. While each of the agendas represents negotiated commitments on the part of all United Nations Member States and specific strategies derived from collective experience, many have endorsed and incorporated the goals of the World Summit for Children. They have facilitated an open political debate on a comprehensive agenda for reducing poverty, promoting human development and fostering respect for human rights, involving Governments, civil society and United Nations agencies. In the context of agreed goals, they have identified common cross-cutting themes, including access to basic social services, the protection of human rights and the rights of children and women in particular.

44. In endorsing the agenda set by the World Summit for Children, the subsequent conferences and summits have also extended target dates for achieving child-related goals into the first decade of the twenty-first century. In this context, for instance, the International Conference on Population and Development, the Fourth World Conference on Women and the World Summit for Social Development have identified 2015 as a target date. The report by the Development Assistance Committee, *Shaping the 21st Century*, also set 2015 as the deadline for achieving the goals of universal primary education, reduction by two thirds in the mortality of infants and children under the age of five years, reduction by three fourths in maternal mortality, universal access to reproductive health services, gender equity and the halving of extreme poverty. There is now a need to express these goals in a new global and comprehensive agenda for children, with updated goals, quantifiable targets and appropriate strategies to guide national action.

45. Since 1995, the Economic and Social Council and the Administrative Committee on Coordination have underscored the strong linkages and common themes among the programmes of action of the various global conferences and stressed the need for coordinated and integrated follow-up. At the same time, in view of the specific country situations and agency expertise, there needs to be some diversity in the response pattern at the country level. With a view to providing the resident coordinator system and country teams with coherent system-wide guidance for support to Governments in their follow-up activities, in October 1995 the Administrative Committee on Coordination established three ad hoc inter-agency task forces on: (a) basic social services for all; (b) employment and sustainable livelihoods; and (c) an enabling environment for social and economic development. Using the work of the three task forces and inputs from other parts of the subsidiary machinery, the Administrative Committee on Coordination developed a guidance note for the resident coordinator system, which was transmitted to all field duty stations.

46. At the country level, the recent reforms in the operational activities of the United Nations, the introduction of the United Nations Development Assistance Framework, the strengthening of the resident coordinator system and the establishment of the United Nations Development Group have added a new dimension to the implementation of the agendas and plans of action. The goals and targets of the World Summit for Children are being used in the development of a core set of indicators being prepared as part of the Common Country Assessment and are an integral part of the United Nations Development Assistance Framework. These recent developments have provided increased opportunities for collaboration among United Nations partners in promoting an agenda for children and the realization of their rights as part of the agenda for development, and to support countries in their achievement of the World Summit for Children's goals as part of the integrated and coordinated implementation and follow-up to all conferences. The Development Assistance Framework is expected to serve as the framework for the country programmes of the individual participating agencies and will provide an opportunity to enhance inter-agency cooperation at country level in assisting Governments and civil society through provision of technical and financial support, and advocacy and mobilization to strengthen national capacities.

47. The Plan of Action adopted at the World Summit for Children, in paragraph 35, called for the full cooperation and collaboration of relevant United Nations agencies and organs in achieving the goals of the national programmes of action developed by Governments as follow-up to the Summit. The Plan of Action specifically recognized the role of UNICEF in analysing and monitoring the actions undertaken by individual countries and the international community. Similarly, the Convention on the Rights of the Child, in article 45, encouraged international cooperation and recognized the role of United Nations agencies in supporting implementation of the Convention, within their respective mandates. The General Assembly, in resolution 51/186, specifically recognized the leadership role of UNICEF in supporting the follow-up to the World Summit for Children. The United Nations Children's Fund has supported Governments in preparing national programmes of action and in achieving and monitoring the goals of the Summit. The Fund is working with its partners on follow-up to the World Summit for Children through the end of the decade

and is looking beyond 2000 to promote a global agenda for children for the next century.

VIII. Preparations for the special session of the General Assembly in 2001 to review achievement of the goals of the World Summit for Children

48. Governmental procedures, and those internal to UNICEF, are under way for the end-decade review and will intensify as 2001 approaches. The most critical tasks will be at the national and subnational levels where an assessment of the current situation of children will be required, followed by appropriate analyses, reviews and policy discussions. Beyond the national level, regional conferences will need to be organized. Each region has established an ongoing process to review progress towards the goals of the World Summit for Children. At mid-decade, high-level meetings were organized in Latin America and the Caribbean and East Asia and the Pacific, following national reviews. Both regions are planning to hold similar conferences late in 1998 to review progress towards the end-decade goals and to prepare national and regional agendas for children beyond 2000. As a follow-up to the goals established in 1992 by the South Asian Association for Regional Cooperation (SAARC), which were identical to the Summit goals, annual reports from member countries have been presented to the SAARC health and population committee and a regional end-decade review is being planned by the SAARC secretariat. Similar efforts will undoubtedly be undertaken in other regions. In these regional efforts, there is increasing cooperation among United Nations agencies, including the regional commissions, which have a particular role in convening high-level meetings for reviewing the implementation and follow-up to world summits and global conferences.

49. It is envisaged that national reviews between 1998 and 2000 will be based primarily on socio-economic and demographic indicators and data being collected through multiple indicator cluster surveys and other survey instruments. Building upon the experience gained in conducting the multiple indicator cluster surveys in 1995, an even larger effort will be required to support more countries and to include additional issues such as vitamin A levels in blood, learning achievement of adolescents and the current U5MR. Appropriate tools and methodologies must be developed, drawing upon what has already been tried and tested. Training and technical support must be provided to countries and additional resources mobilized for this global monitoring exercise. Equally important is the strengthening of partnerships with Governments, non-governmental organizations, United Nations agencies, other international organizations and bilateral partners established during the World Summit for Children and reinforced since then, particularly during the mid-decade assessment.

50. Between 1998 and 2000, there will be several opportunities to review progress towards the goals of the World Summit for Children, particularly the series of meetings planned for follow-up to the global conferences. These include the "International Conference on Population and Development + 5" review in 1999 and, in 2000, the global review of education for all, the five-year review of the Fourth World Conference on Women and the World Summit for Social Development and the follow-up to the Graça Machel study, as well as the Millennium Assembly. It is expected that all of the subnational, national and regional reviews of follow-up to the international conferences, including the World Summit for Children, will feed into a global review process, which in turn will prepare groundwork for the assessment of progress at end-decade by the General Assembly. This work is expected to help strengthen national capacities for the collection, analysis and use of data and to provide accurate and disaggregated social indicators by gender, age and geographic area. The tenth anniversary of the adoption and entry into force of the Convention on the Rights of the Child will add a special dimension to this process.

51. Other types of activities and discussion forums will be organized at national, regional and global levels. The possibilities will range from specific thematic debates by experts to larger discussion forums organized with non-governmental organizations, the media and other partners.

52. The Permanent Representatives to the United Nations of the six countries that initiated the World Summit for Children – Canada, Egypt, Mali, Mexico, Pakistan and Sweden – have held initial discussions with UNICEF to prepare a plan for the international review of progress that will culminate in the special session of the General Assembly in 2001. The United Nations Children's Fund, in consultation with other United Nations agencies, is coordinating the planning process at country, regional and global levels. It is possible that an additional international event, as yet undefined, will mark the historic review in 2001. Particular attention will be given to the participation of civil society, and especially of children themselves. In collaboration with Governments and United Nations partners, UNICEF is working to develop an agenda for

children for the first decade of the next millennium that builds on the experience of the 1990s.

53. The comprehensive report to be submitted by the Secretary-General to the special session of the General Assembly will provide an overall assessment of progress achieved during the decade, including lessons learned, an analysis of the main factors that have inhibited progress for children and an overview of the remaining challenges and key issues, followed by specific recommendations for the future. The entire review process will pave the way for shaping and implementing a new agenda for children for the next century. This process will provide a unique opportunity for the world community to renew its commitment to a better future for its children.

54. The way in which a community, be it at the local, national or international level, treats its children, particularly the neediest and most vulnerable children, is among the strongest criteria for assessing its sense of moral imperative. As several of the promises made at the Summit remain unfulfilled, it is time to renew the pledge on behalf of the world's children, in particular the poorest and most disadvantaged.

55. The 1990s began with two powerful acts of mobilization on behalf of children: the agreement on the World Declaration and the Plan of Action of the World Summit for Children and the entry into force of the Convention of the Rights of the Child. As the end of the decade draws near, Governments will need to adjust their targets, refine their strategies and assign priority resources so as to keep the Summit's promises and to progressively realize the rights of children. Achieving the goals is not only morally imperative, it is also economically rational. Never before has there been greater consensus on the need to focus on investing in children. The costs of meeting the goals are estimated to represent less than 1 per cent of global output. This modest investment can ensure a healthy, long and productive life for each and every child, which would also lay the foundations for economic growth in the years ahead. Seldom has the international community had an investment opportunity that is so noble in its objective and so productive in its outcome.